### STATE OF NEW HAMPSHIRE

# 2018 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

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NEW HAMPSHIRE

### PLEASE PRINT JUL 25 2018 Joseph R. Murray I. Name of Lobbyist(s) DEPARTMENT OF STATE II. Name of lobbyist's partnership, firm or corporation, if any: **FMR LLC** (Name of partnership, firm or corporation) One Spartan Way Merrimack Business Address: (Street) (Town/City) e-mail joseph.murray@fmr.com (603 791-5727 III. This statement covers: (Choose one - file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client). All reportable transactions occurring in the months prior to the reporting date relative to the following client: **FMR LLC** (Full Name of Client as it appears on the Lobbyist Registration Form) OR ☐ All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client. July 25, 2018 🗸 IV. Date of Report April 25, 2018 activity from 4/1/18 to 6/30/18 activity from date of registration to 3/31/18 Reports cover: January 30, 2019 🔲 October 31, 2018 activity from 7/1/18 to 9/30/18 activity from 10/1/18 to 12/31/18 V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301. VL Check if additional reports are attached: If you have received fees or made expenditures, you must file Addendum A- Fees and Expenses ☐ If you have paid an honorarium or reimbursed expenses, you must file Addendum B- Report of Honorariums or Expense Reimbursement If you, your firm, or your family has made political contributions, you must file Addendum C- Political Contributions

Sworn Statement/Affirmation by Lobbyist

I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

7/25/18

Signature of lobbyist)

Joseph R. Murray

(Print Name of lobbyist)

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# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

| I. Name of Lobbyist(s) Joseph R. Murray  |   |
|--|---|
| II. Name of lobbyist's partnership, firm or corporation, if any:   |   |
| FMR LLC  |   |
| (Name of partnership, firm or corporation)   |   |
| III. Name of Client FMR LLC  | Date  |
| <ul> <li>IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The grareduced by any expenses:</li> <li>a) Total of all fees received in this reporting period</li> <li>b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)</li> <li>c) Total of all fees received to date (Add lines a and b)</li> <li>d) Indicate the amount of any such fees that are due, but have not yet been paid</li> </ul>  | a) \$   |
| V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported. | client and if expenditures are made by<br>may be filed for the lobbyist(s)/firm<br>e aggregate total of all expenses paic<br>expenses; (b) the aggregate total of all<br>le: meals purchased during a business<br>ss than \$10 that is given to the person<br>d with a value of \$25.00 or less); and<br>orting period of greater than \$25.00 for<br>use of greater than \$25, purchase of a<br>er than \$25, but not greater than \$50,<br>expense reimbursement, or politica |
| a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.  | a) \$   |
| b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.  | b) \$   |
| c) Total of all itemized expenditures reported in detail in section VI.  | c) \$   |

| d) Total expenses for this reporting period (Add lines a, b and c)   | d) \$                              |
|--|------------------------------------|
| e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report) | e) \$                              |
| f) Total of all expenses year to date  | f) \$                              |
| VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.   | obbying fees during this reporting |
| Paid to:   | Amount:                            |
|  | \$                                 |
|  | \$                                 |
|  | \$                                 |
|  | \$                                 |
|  | \$                                 |
|  | \$                                 |
|  |                                    |
|  |                                    |
|  |                                    |
| Sworn Statement/Affirmation by Lobbyist  |                                    |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.                         | n that the foregoing information   |
| Joseph & Murray  | 7/25/18                            |
| (Signature of lobbyist)  | (Date)                             |
| Voseph R. Murray   |                                    |
| (Print Name of lobbyist)   |                                    |

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## STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

| I. Name of Lobbyist(s)Jo   | seph R. Murray               |   |   |
|--|------------------------------|---|---|
| II. Name of lobbyist's part  | nership, firm or cor         | poration, if any:                                       |   |
| FMR LLC  |                              |   |   |
| (Name of partn   | ership, firm or corporation) |   | 1   |
| III. Name of Client FMR  | LLC                          |   | Date  |
|  |                              |   |   |
| Political Contributions  | ion that is reportable :     | ourcuant to PSA Chant                                   | er 664 paid on behalf of the  |
| client/lobbyist and lobbying   |                              |   | or out paid on behalf of the  |
|  |                              |   |   |
|  |                              |   |   |
| Full name of candidate:  | Wolf                         | Terry   |   |
| Full name of candidate:  | (Last Name)                  | (First Name)  | (Middle Name/Initial)   |
| Amount of contribution \$  | 150.00                       | Office Candidate is                                     | Secking State Senate  |
|  |                              |   | s or services provided, and enter the                                       |
| Full name of candidate:  |                              |   |   |
|  | (Last Name)                  | (First Name)  | (Middle Name/Initial)   |
| Amount of contribution \$  |                              | Office Candidate is                                     | Seeking   |
| If the contribution is an in-kind actual cost of the in-kind contrenter an estimated value and the | ribution on the line abov    | a description of the goods<br>we for amount of contribu | s or services provided, and enter the tion. If the actual cost is not known |
|  |                              |   |   |
| Full name of candidate:  | (Last Name)                  | (First Name)  | (Middle Name/Initial)   |

| If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, |
|---|
| enter an estimated value and the word "estimate."   |
|   |
|   |
| (If more than three contributions were made, report additional contributions on separate addendum C forms.)   |
| Sworn Statement/Affirmation by Lobbyist   |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.   |
| Joseph R. Yuna 7/25/19  |
| (Signature of lobbyist) (Date)  |
| Joseph R. Murray  |
| (Print Name of lobbyist)  |